

FILED DEC 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43085

BIRTH NO. <u>69436-50</u>		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>3097</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis 4211</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9330-Latrope Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Lynch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 30, 1950</u>	
9. AGE (In years last birthday) <u>3</u>		10. MONTHS <u>21</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		13a. FATHER'S NAME <u>Otha Lynch</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Bowman</u>	
13c. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXX</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Otha Lynch</u>	
17. ADDRESS <u>9330-Latrope Ave Overland, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fulminating septicemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(specific bacterial type not specified)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0534</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>Local Registrar, Vital Statistics</u>				23b. ADDRESS <u>651 Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>12-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/22/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. B. W. W. W.</u>		ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Oscar F. Mueller

Licensed Embalmer No. 3639

P. O. Address Overland 14th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.